

L03000009758

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Registration. Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Thomas Traska  
5970 Broken Bow Ln.  
Port Orange, FL 32127

Phone 1-386-322-8023  
Fax 1-386-322-7472  
Cell 1-860-982-1749

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 5, 2003

T-TEK SERVICES LLC  
5970 BROKEN BOW LN.  
PORT ORANGE, FL 32127

SUBJECT: T-TEK SERVICES LLC  
Ref. Number: W03000006299

We have received your document for T-TEK SERVICES LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is an additional \$25 due, as shown on the enclosed photocopy.,

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 403A00013947

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

T-TEK SERVICES LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5970 BROKEN BOW LN. PORT ORANGE, FL. 32127

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THOMAS W. TRASKA

Name

5970 BROKEN BOW LN.

Florida street address (P.O. Box **NOT** acceptable)

PORT ORANGE FL 32127

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS W. TRASKA

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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